

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | SA | | 8-27-01 |
| O.I.P.E. CLASSIFIER | | 43 | 9/5/01 |
| FORMALITY REVIEW | ZA | 1120 | 10-9-01 |
| RESPONSE FORMALITY REVIEW | M.D. | 615 | 01-14-02 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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| Final | |
| Original | |
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| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

10/6/01
 15-1
 01/14/02